| PATENT A | APPLICATION | FEE | <b>DETERMINATION</b> | RECORD |
|----------|-------------|-----|----------------------|--------|
|          |             |     |                      |        |

| Application or | Docket | Number |
|----------------|--------|--------|
|----------------|--------|--------|

| Effective October 1, 2000   |   |   |                             |                                   | 09/12961              |                  |            |            |                        |       |                     |                        |
|---|---|---|-----------------------------|-----------------------------------|-----------------------|------------------|------------|------------|------------------------|-------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |   |                             |                                   | SMALL ENTITY OTHER TH |                  |            |            |                        |       |                     |                        |
| ТО  | TAL CLAIMS  |   | ı ci)                       |                                   |                       |                  |            | RATE       | FEE                    |       | RATE                | FEE                    |
| FO  | R   |   | NUMBER FILED                |                                   | NUMBER EXTRA          |                  | Ì          | BASIC FEE  | 355.00                 | OR    | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS / / minus 20=   |   | us 20= '                                  | 0                           |                                   |                       | X\$ 9=           |            | OR         | X\$18=                 |       |                     |                        |
| INDEPENDENT CLAIMS minus 3 =  |   |   | nus 3 =                     | ·<br>                             |                       |                  | X40=       |            | OR                     | X80=  | <u>g)</u>           |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |   |   |                             | ·                                 |                       |                  | +135=      |            | OR                     | +270= | - <u>8</u> -U       |                        |
| * If the difference in column 1 is less than zero, enter "                            |   |   |                             | "0" in c                          | olumn 2               | l                | TOTAL      |            | OR                     | TOTAL | 490.00              |                        |
|   | CLAIMS AS AMENDED - PART II   |   |                             |                                   |                       |                  |            |            |                        | OTHER | THAN                |                        |
|   |   | (Column 1)<br>CLAIMS                      |                             | (Colum                            |                       | (Column 3)       | ,          | SMALL      |                        | OR    | SMALL               | ENTITY                 |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT           |                             | NUME<br>PREVIO<br>PAID F          | BER<br>USLY           | PRESENT<br>EXTRA |            | RATE       | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDN   | Total   | *   | Minus                       | **                                |                       | =                |            | X\$ 9=     |                        | OR    | X\$18=              |                        |
| AME   | Independent   | *   | Minus *** ULTIPLE DEPENDENT |                                   | CLAIM                 | = -              |            | X40=       |                        | OR    | X80=                |                        |
| ┞   | FINO! FNESE   | NTATION OF W                              | OLTIFLE DEF                 | ENDENT                            | CLAIM                 |                  |            | +135=      |                        | OR    | +270=               |                        |
|   |   |   |                             |                                   |                       |                  | L          | TOTAL      |                        | OR    | TOTAL<br>ADDIT. FEE |                        |
|   |   | (Column 1)                                | a Color                     | (Colun                            | nn 2)                 | (Column 3)       | ,          | ADDIT. FEE |                        |       | ADDII. FEE          |                        |
| AMENDMENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                             | HIGHI<br>NUME<br>PREVIC<br>PAID I | BER<br>OUSLY          | PRESENT<br>EXTRA |            | RATE       | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| NDW   | Total   | *   | Minus                       | **                                |                       | = .              |            | X\$ 9=     |                        | OR    | X\$18=              |                        |
| AME   | Independent   | *   | Minus ***                   |                                   | 01.411.4              | =                |            | X40=       |                        | OR    | X80=                |                        |
| ┞   | FIRST PRESE   | NTATION OF M                              | OLTIPLE DEF                 | PENDENT                           | CLAIM                 |                  | <b>ا</b> ا | +135=      |                        | OR    | +270=               |                        |
|   |   |   |                             |                                   |                       |                  | L          | TOTAL      |                        | OR    | TOTAL               |                        |
|   |   | (Column 1)                                |                             | (Colun                            | nn 2\                 | (Column 3)       | ,          | ADDIT. FEE |                        |       | ADDIT. FEE          |                        |
| ENT C   |   | CLAIMS REMAINING AFTER AMENDMENT          |                             | HIGHI<br>NUME<br>PREVIC<br>PAID I | EST<br>BER<br>OUSLY   | PRESENT<br>EXTRA |            | RATE       | ADDI-<br>TIONAL<br>FEE |       | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total   | *   | Minus                       | **                                |                       | =                |            | X\$ 9=     |                        | OR    | X\$18=              |                        |
| AME   | Independent   | *   | Minus                       | ***                               |                       | =                |            | X40=       |                        | OR    | X80=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |   |                             |                                   |                       |                  |            |            |                        |       |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |   |   |                             |                                   |                       |                  | OR         | +270=      |                        |       |                     |                        |
| I   | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  TOTAL ADDIT. FEE ADDIT. FEE |   |                             |                                   |                       |                  |            |            |                        |       |                     |                        |

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.